



Dental Arts • Princeton

A Division of Dental Arts Laboratories, Inc.
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DR. _____

STREET _____ SUITE _____

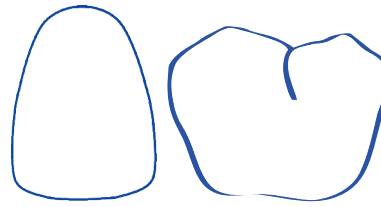
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

PATIENT NAME _____ AGE: _____ SEX: M F

RETURN DATE BY 5 P.M. / / PLEASE SEND: BOXES PRESCRIPTIONS SHIPPING LABELS

Table with 4 columns and 8 rows of dental restoration options including All Ceramics, Porcelain to Metal Restorations, All Metal Restorations, Full Dentures, Partial Dentures, Temps/Bite Splints, Fixed & Removable Implant.



Send photos via our customer web portal! www.dentalartslab.com

SHADE: _____ PREP SHADE: _____ TAB ENCLOSED
MOULD: _____

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCUSION LIGHT IN OUT

PONTIC DESIGN (please circle) [Diagrams of different pontic designs]

POSTERIOR DESIGN
FULL COVERAGE - NO LINGUAL COLLAR
FULL COVERAGE - SMALL LINGUAL COLLAR
METAL OCCUSAL - EXCLUDING BUCCAL CUSP
FULL METAL OCCUSAL - W/BUCCAL CUSP

IF THERE IS INSUFFICIENT ROOM
REDUCE AND MARK PREP
REDUCE AND MARK OPPOSING
FABRICATE REDUCTION COPING
PLACE METAL ISLAND
CALL ME

ENCLOSURES
IMPRESSION
BITE REGISTRATION
PRE-OP STUDY MODEL
PHOTO
TEMPS MODEL
SHADE DIAGRAM

SELECT RESTORATION TYPE CROWN SPLINTED CROWN BRIDGE FULL ARCH BRIDGE VENEER INLAY/ONLAY
SELECT PROCEDURE DESIGN/ESTIMATE CUSTOM SHADE: IN-LAB PHOTO DIE-TRIM BISQUE COMPLETE

PLEASE CALL ME
[Signature lines with US flag graphic]

ALL RESTORATIONS FABRICATED IN THE USA

SIGNATURE OF DENTIST DENTIST LICENSE # DATE

